

INSTRUCTIONS INCOME ELIGIBILITY FORM

Do not write in the shaded areas. Complete the application using ink and return to the child care institution for processing.

Section 1A-1C. Household Members.

List all household members, related or unrelated, residing together as an economic unit.

- 1A. List all children for whom application is being made.
- 1B. List all other household members.
- 1C. Write the total number of people in the household.

Foster children must have a separate form for each child listing the income by source received by the child for personal use. Complete sections 1A, 3A and 6.

Section 2. Categorical Approval (FEP, Food Stamp, or FDPIR).

Give appropriate case numbers for **each child** instead of completing income information (Section 3A-3C). If all children do not qualify for Categorical Approval, complete the full application.

Section 3A-3C. Income by Source.

3A. If the children have significant income, list the monthly amount for each including a foster child's personal income.

3B. Write the gross income for the **prior month** on the line of the individual receiving it before any deductions are made. A child's summer job with earnings of insignificant amounts are not required to be included. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average monthly income.

Use one of these methods to convert all income to **MONTHLY** figures: (weekly) gross income times 4.33; (every other week) gross income times 26 divided by 12; (twice a month) gross income times 2; and (annual) gross income divided by 12.

3C. Total household income (add all the income listed in 3A plus 3B).

Examples of Income to Report in Section 3B

Wages/salaries/tips	Pensions	Unemployment compensation
Social Security	Workers compensation	Supplemental Security Income
Strike benefits	Retirement income	Net income for self-owned
Veteran payments	Welfare payments	business/farm
Alimony payments	Child support payments	

Other Income

Earnings from second job(s)	Interest/dividend	Income from estates/trust/investments
Disability benefits	Cash withdrawn from savings	Regular contributions from persons not
Royalties/annuities/rental income	Any other monies that may be available to pay for the child's meal	living in household

Section 4. Name and Mailing Address of Household Applying.

To notify you if information is incomplete, your contact address is needed.

Section 5. Race/Ethnic Identity (Optional).

For the purpose of documenting nondiscrimination, we request your ethnic background, which is voluntary information.

Section 6. Social Security Number and Signature.

It is required to have an adult/parent signature and social security number. If you do not have a social security number, write the word "NONE" in the Social Security Number blank. Without these items, the application cannot be processed.

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or FEP case number, Section 9 of the National School Lunch Act requires that you include the social security number (SSN) of the household member signing the application or indicate that the household member does not have a SSN. You do not have to list a SSN, but if a SSN is not listed or an indication is not made that the adult household member signing the application does not have a SSN, we cannot approve the application. The SSN may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or FEP office to determine current certification for food stamps, FDPIR or FEP benefits, contacting the Department of Workforce Services to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Income Eligibility Guideline Scale (for July 1, 2007 to June 30, 2008):

Household Size	Annual	Monthly	Weekly
1	18,889	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional family member, add	+6,438	+ 537	+124